

EXHIBIT 15

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P06377**

1. Entity Name

ATLANTIC SECURITY BANK, MIAMI AGENCY**FILED****Feb 11, 2000 8:00 am**
Secretary of State

02-11-2000 90040 041 ***150.00

Principal Place of Business

**801 BRICKELL AVENUE
PENTHOUSE II
MIAMI FL 33131**

Mailing Address

**ATLANTIC SECURITY BANK MIAMI AGENCY
801 BRICKELL AVENUE
MIAMI FL 33131-2951****712110**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Redacted

3847Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATLANTIC SECURITY BANK, MIAMI AGENCY
801 BRICKELL AVENUE
PENTHOUSE II
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORALES, RAIMUNDO	
STREET ADDRESS	CALLE CENTENARIO 156	
CITY-ST-ZIP	LIMA, PERU	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MUNOZ, CARLOS	
STREET ADDRESS	801 BRICKELL AVE PH II	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, THEODORE	
STREET ADDRESS	801 BRICKELL AVE PH II	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	ARREDONDO, JOSE	
STREET ADDRESS	801 BRICKELL AVE PH II	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTERO, FERNANDO	
STREET ADDRESS	Redacted	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	GENERAL MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	ALBERTO CAMET	
STREET ADDRESS	801 BRICKELL AV, PH-2	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	GENERAL MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	JORGE PONCE	
STREET ADDRESS	CALLE 50 Y AQUILINO DE LA GUARDIA	
CITY-ST-ZIP	PANAMA CITY, PANAMA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.1.00

Date

Daytime Phone #

PUBLIC0692913